OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses



U.S. Department of Labor

Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Record

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
. 0	3	0	6
(G)	(H)	(1)	(J)
Number of Days	W.		
Total number of		Total number of days of	
days away from		job transfer or restriction	
433		. 0	
(K)	-	(L)	-
Injury and Iliness	Types	77 (94) 144 - 77 (77)	
Total number of			
(1) Injury	7	(4) Poisoning	0
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss	0
Condition	0	(6) All Other Illnesses	2

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and galher the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspect of salt act cellection, contact. US Department of Labor. OSHA Office of Statistics. Room N-3644, 200 Constitution Ave. NW. Washington. DC 20210. Do not send the completed forms to this office.

stablishment information			-	
Your establishment name Air Reso	urces Board			·
Street 9528 Telstar Avenue	· .			
City El Monte	State	CA	Zip	91731
Industry description (e.g., Manufacture Government	of motor truck trailers)	,		
Standard Industrial Classification (SIC)	if known (e.g., SIC 3715)			
R North American Industrial Classification	(NAICS), if known (e.g., 3362	12)		
mployment information				
Annual average number of employees	1245.6			
Total hours worked by all employees la year	st2,348,263			
gn here			•	
Knowingly falsifying this document	may result in a fine.	•		•
	•	min -	,	
I certify that I have examined this docur	nent and that to the best of my	knowledge the entries are	true, accurate, and compl	ete.
Sheryl Brooks Company executive	<u> </u>		Chief, Human Res	
(916) 322-8192 Phone		•	January :	